

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>09 / 720958</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				3		
TOTAL DEP.				5		
TOTAL CLAIMS			8			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS